## Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

## Form **940-EZ**

## Employer's Annual Federal Unemployment (FUTA) Tax Return

OMB No. 1545-1110

nternal Revenue Service	(99)	► See sepa	arate Instructions for Form	940-EZ for information	n on completing th	is form.		
					C		T	
	Name (as distinguished from trace		rom trade name)		Calendar year		FF	
You must	-			-	1 000		FD	-
complete	irad	le name, if any		Em	ployer identification nu	mber	FP	+
this section.	Add	ress (number and str	eet)		City, state, and ZIP	code	T	+
		rees (names and su	55,7		only state, and 2			<del></del>
Answer the guest	tions u	nder Who May	<b>Use Form 940-EZ</b> on pa	ge 2. If you cannot us	se Form 940-EZ,	you must us	e Form 940.	
•		•	your state unemployment fun			\$		
			ou have to pay contribution					
			s shown on your state unen			<u> </u>		
			ture, check here (see Who		_			
		lages and FU	(see Amended Returns on p	page 2 of the separate in	nstructions)			
			own on lines 2 and 3) during the	ne calendar year for service	res of employees	1		
· -			payments, attaching addition			. ///////		
			payments, attaching addition					
3 Payments of m	ore tha	n \$7,000 for service	s. Enter only amounts over the	first \$7,000				
			structions)	_		(///////		//X//////
4 Add lines 2 and 3								
						7		
		=	including any overpayment Pay to the "United States Tre	• • • • • • • • • • • • • • • • • • • •	「	8		
,		•	siting FUTA tax in separate	,				
-		-	). Check if it is to be: Ap		☐ Refunded ►	9		
			deral Unemployment		include state liability.)	Complete only	if line 6 is ov	er \$100.
Quarter	First	(Jan. 1 – Mar. 31)	Second (Apr. 1 – June 30)	Third (July 1 – Sept. 30)	Fourth (Oct. 1 – Dec	. 31)	Total for year	
_iability for quarter								
Party			person to discuss this return wit			omplete the foll	owing <b>N</b>	NO
Docimoo	esignee' ame	's ▶	Pho no.	one  ( )	Person numbe	al identification r (PIN)	•	
Jnder penalties of per	rjury, I d		camined this return, including ac	companying schedules and	statements, and, to the	ne best of my k		
rue, correct, and comp	plete, an	d that no part of any	payment made to a state unempl	loyment fund claimed as a cr	redit was, or is to be, de	educted from the	e payments to e	mployees.
Signature <b>&gt;</b>			Title (Owner, et	c.) ▶		Date ►		
or Privacy Act and Pape	erwork R	eduction Act Notice, se	ee separate instructions.	▼ DETACH HERE ▼	Cat. No. 1098	3G	Form <b>940-E</b>	<b>Z</b> (2003)
Form <b>940-EZ</b> (	<b>(V)</b>		Form 940-EZ	<b>Payment Vouc</b>	cher	L	OMB No. 154	5-1110
Department of the Treasury							200	2
nternal Revenue Service	ı y	U	se this voucher only when	making a payment with	n your return.		<u> </u>	<u> </u>
Complete boxes 1,	2, and	d 3. Do not send	cash, and do not staple yo	our payment to this vouc	cher. Make your ch	eck or money	order payab	le to the
"United States Treasury." Be sure to enter your employer identification number, "Form 940-EZ," and "2003" on your payment.  1 Enter your employer identification number.  2 Dollar							re	Cents
Enter the amount of your payment.								00.11.0
Enter the amount of your payment.								
			3 Enter your business	name (individual name for	sole proprietors).			
			Enter your address.					
			·/////////////////////////////////////					
	////////		Enter your city, state	e, and LIP COde.				